

California Code of Regulations

TITLE 22. SOCIAL SECURITY

DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES

CHAPTER 12. EMS System Evaluation and Quality Improvement

**Article 1. Definitions**

**100400. Emergency Medical Services System Evaluation and Quality Improvement**

**Program.**

"Emergency Medical Services System Evaluation and Quality Improvement Program" or

"EQIP" means methods of evaluation that are composed of structure, process, and

outcome evaluations which focus on improvement efforts to identify root causes of

problems, intervene to reduce or eliminate these causes, and take steps to correct the

process.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176, and 1797.194 Health

and Safety Code. Reference: Sections 1797.7, 1797.174, 1797.202, 1797.204, 1797.220,

1797.214 and 1798.175 Health and Safety Code.

**100401. EMS Service Provider**

EMS Service provider means an organization employing certified EMT-I, certified EMT-

II or licensed paramedic personnel for the delivery of emergency medical care to the sick

and injured at the scene of an emergency, during transport, or during interfacility transfer.

NOTE: Authority cited: Sections 1797.107, 1797.174, 1797.176, 1797.216, and 1797.218

Health and Safety Code. Reference: Sections 1797.7, and 1797.220 Health and Safety

Code.

**Article 2. EMS Service Provider**

**100402. EMS Service Provider Responsibilities.**

(a) An EMS service provider shall:

(1) Develop and implement, in cooperation with other EMS system participants, a provider specific EQIP, as defined in Section 100400 of this Chapter. Such programs shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

(H) Risk Management

(2) Review the provider specific EQIP indicators annually for appropriateness to the operation of the EMS provider and revise as needed.

(3) Agree to participate in the local EMS agency's EQIP that may include making available all relevant records for program monitoring and evaluation.

(4) Develop, in cooperation with appropriate personnel/agencies, a performance improvement plan when the EQIP identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the provider medical director or the local EMS agency medical director or his/her designee if the provider does not have a medical director.

(5) Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the provider EQIP. The update shall include, but not be limited to, a summary of how the EMS provider's EQIP addressed the program indicators.

(b) The EMS provider EQIP shall be in accordance with the EMS Evaluation and Quality Improvement Program Guidelines, dated [date to be filled in by OAL], incorporated herein by reference and shall be approved by the local EMS agency.

(c) The provider EQIP shall be reviewed by the local EMS agency at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health and Safety Code. Reference: Sections 1797.7, 1797.174, 1797.220 and 1797.214 Health and Safety Code.

### **Article 3. Paramedic Base Hospital**

#### **100403. Paramedic Base Hospital and Alternate Base Station Responsibilities**

(a) A paramedic base hospital and alternate base station shall:

(1) Develop and implement, in cooperation with other EMS system participants, a hospital specific EQIP, as defined in Section 100400 of this Chapter. Such programs shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

1 H) Risk Management

2 2) Review EQIP indicators annually for appropriateness to the operation of the base

3 hospital or alternative base station and revise as needed.

4 3) Agree to participate in the local EMS agency's EQIP that may include making

5 available all relevant records for program monitoring and evaluation.

6 4) Develop and implement, in cooperation with appropriate personnel/agencies, a

7 performance improvement plan when the base hospital or alternative base station EQIP

8 identifies a need for improvement. If the area identified as needing improvement

9 includes system clinical issues, collaboration with the base hospital medical director or

10 his/her designee or alternate base station medical director or his/her designee is required.

11 5) Provide the local EMS agency with an annual update, from date of approval and

12 annually thereafter, on the EQIP. The update shall include, but not be limited to, a

13 summary of how the base hospital/alternate base station's EQIP addressed the program

14 indicators.

15 (b) The base hospital/alternate base station EQIP shall be in accordance with the EMS

16 Evaluation and Quality Improvement Program Guidelines, dated [date to be filled in by

17 OAL], incorporated herein by reference and shall be approved by the local EMS agency

18 (c) The base hospital/alternate base station EQIP shall be reviewed by the local EMS

19 agency at least every five years.

20 NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176, and 1797.194 Health

21 and Safety Code. Reference: Sections 1797.7, 1797.53, 1797.59, 1797.174, 1797.214,

22 1797.220, 1798.2, 1798.100, 1798.101, and 1798.175 Health and Safety Code.

**Article 4. Local EMS Agency**

**100404. Local EMS Agency**

(a) The local EMS agency shall:

(1) Develop and implement, in cooperation with other EMS system participants, a system-wide EQIP, as defined in Section 100400 of this Chapter. Such programs shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

H) Risk Management

2) Review system EQIP indicators annually for appropriateness to the system and revise as needed.

3) Develop, in cooperation with appropriate personnel/agencies, a performance improvement plan when the EQIP identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the local EMS agency medical director.

4) Provide the EMS Authority with an annual update, from date of approval and annually thereafter, on the local EMS Agency's EQIP. The update shall include, but not be limited to, a summary of how the local EMS Agency's EQIP addressed the program indicators.

(b) The local EMS Agency EQIP shall be in accordance with the EMS Evaluation and

Quality Improvement Program Guidelines, dated [date to be filled in by OAL],  
incorporated herein by reference and shall be approved by the EMS Authority.

(c) The local EMS Agency EQIP shall be reviewed by the EMS Authority at least every  
five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health and  
Safety Code. Reference: Sections 1797.7, 1797.94, 1797.174, 1797.202, 1797.204,  
1797.214, 1797.220, and 1798, Health and Safety Code.

## **Article 5. EMS Authority**

### **100405. EMS Authority**

(a) The EMS Authority shall:

(1) Develop and implement, in cooperation with other EMS system participants, a state-  
wide EQIP, as defined in Section 100400 of this Chapter. Such programs shall include  
indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

H) Risk Management

2) Review state EQIP indicators annually for appropriateness to the state and revise as  
needed.

1 3) Develop, in cooperation with appropriate personnel/agencies, a performance  
2 improvement plan when the EQIP identifies a need for improvement. If the area  
3 identified as needing improvement includes system clinical issues, collaboration is  
4 required with the EMS Authority medical consultant.

5 4) Provide the local EMS Agencies with an annual update on the EMS Authority's  
6 EQIP. The update shall include, but not be limited to, a summary of how the EMS  
7 Authority's EQIP addressed the state indicators.

8 (b) The EMS Authority EQIP shall be in accordance with the EMS Evaluation and  
9 Quality Improvement Program Guidelines, dated [date to be filled in by OAL],  
10 incorporated herein by reference.

11 NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health and  
12 Safety Code. Reference: Sections 1797.54, 1797.185, and 1797.214 Health and Safety  
13 Code.